

Antimicrobial Stewardship Workgroup Meeting

September 19, 2017

QIN-QIO Update

The CMS Quality Innovation Network – Quality Improvement Organization (QIN-QIO) is engaged in 2 major healthcare initiatives that pertain to antimicrobial Stewardship in AL.

Outpatient Antibiotic Stewardship

108 outpatient settings in Alabama are participating in a national initiative: Combating Antibiotic-Resistant Bacteria in Communities through Antibiotic Stewardship

The types of settings involved in the initiative include: retail pharmacies, hospital emergency departments, urgent care facilities, outpatient clinics, and physician practices. The targeted conditions for antibiotic stewardship interventions will be acute respiratory tract infections (especially Sinusitis, Pharyngitis, and Bronchitis).

The QIN-QIO will provide data, tools, and resources to facilitate implementation of the 4 core elements of outpatient antibiotic stewardship. The QIN-QIO is also helping to identify root causes and drivers of antibiotic use in the state.

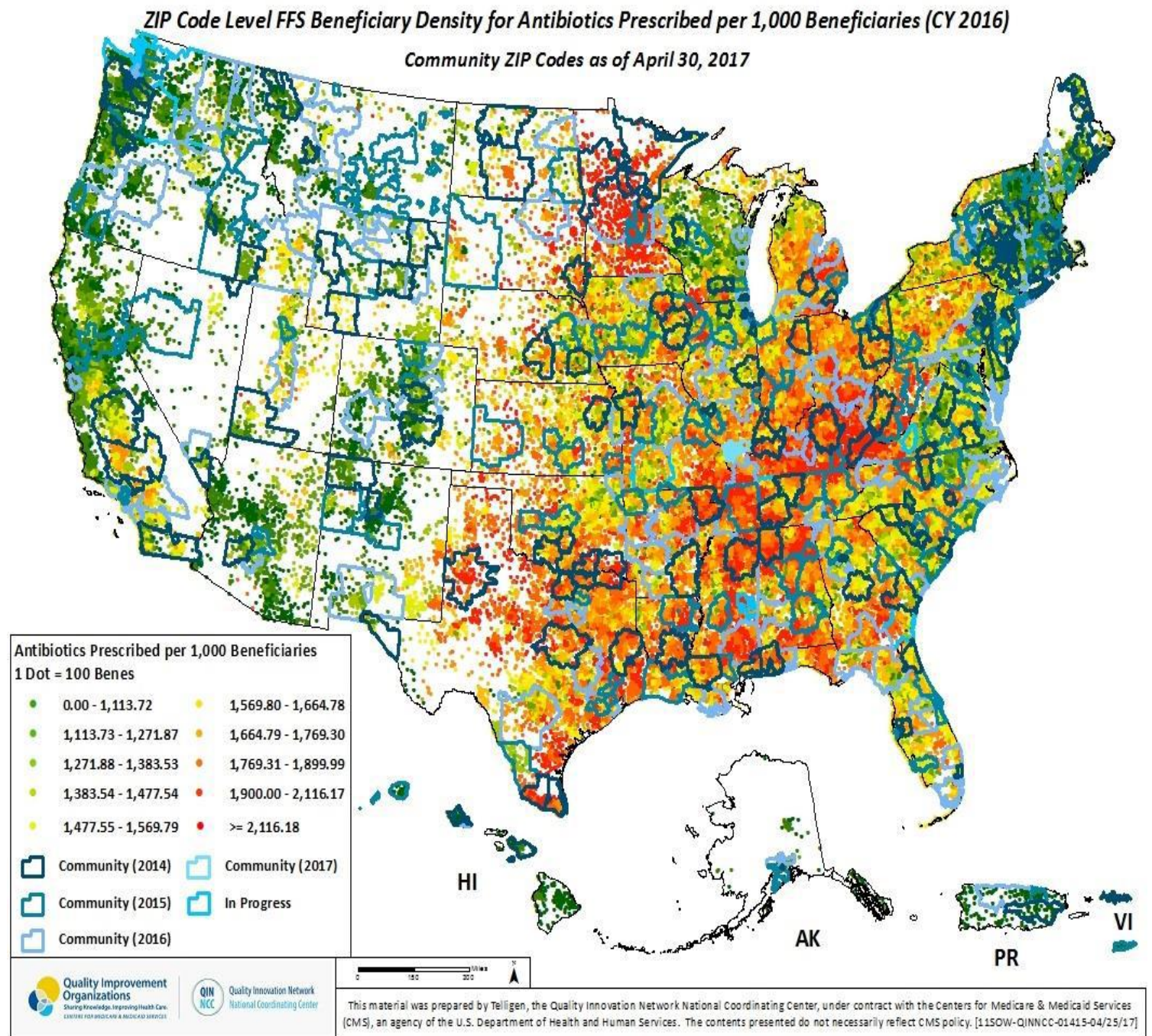
Nursing Home NHSN Reporting

Another QIN-QIO initiative involves getting long-term care facilities enrolled in NHSN (the National Healthcare Safety Network) to do surveillance and reporting for C. difficile LabID events. The CDC wants to establish a baseline rate of C. difficile in long-term care facilities. NHSN reporting may eventually be a requirement.



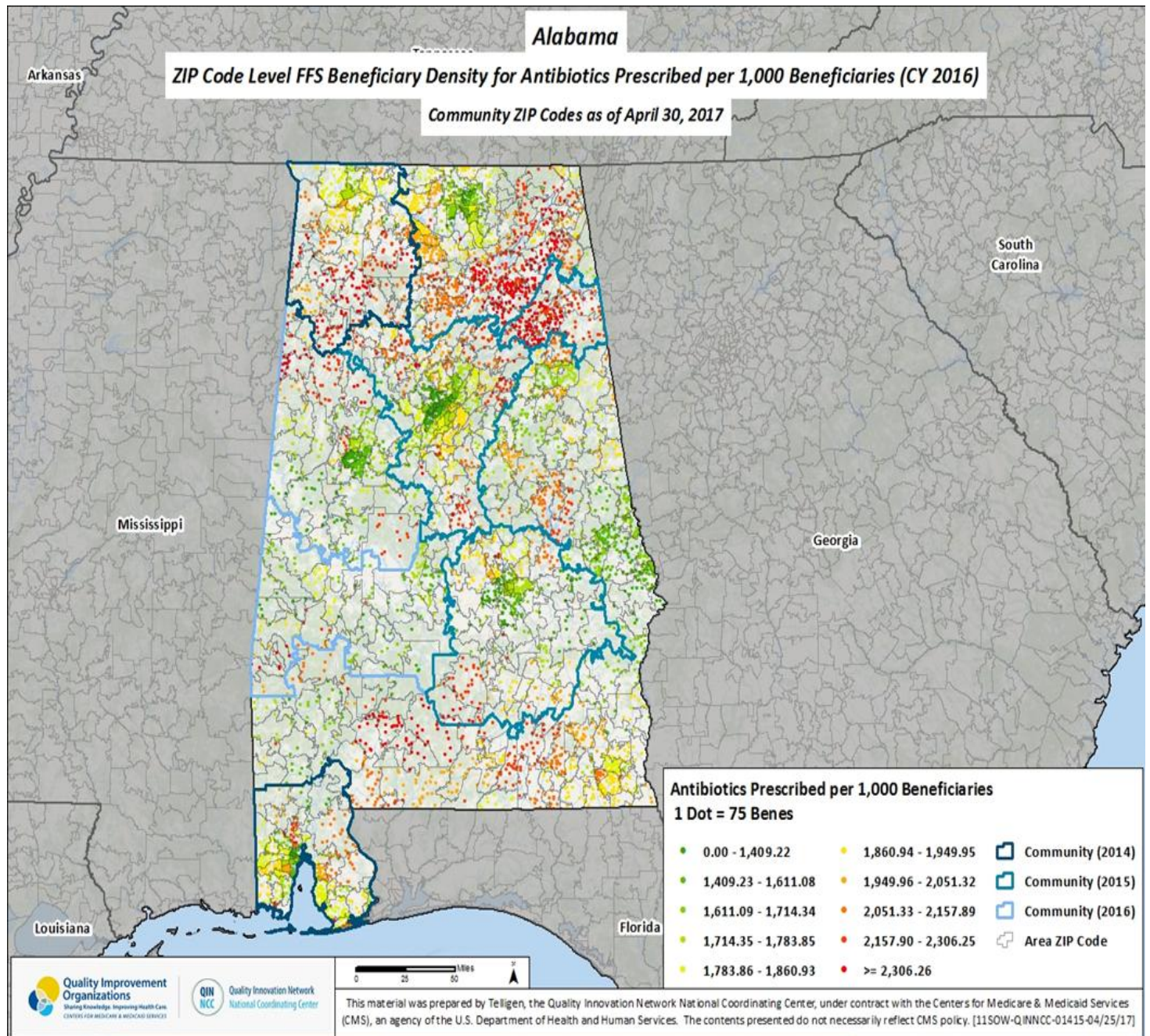
The CDC and CMS are very concerned about rates of antibiotic use. Antibiotic misuse/overuse contributes to antibiotic resistance, poor health outcomes, increased cost of care, and inappropriate use of healthcare resources. The map below shows the rate of antibiotic prescribing in outpatient settings (per 1,000 Medicare beneficiaries). The rates of prescribing across the nation were stratified into 10 levels. The colors indicate that our part of the country has higher rates of antibiotic prescribing. The density of the dots also shows that our region has a lot of Medicare beneficiaries.

The care coordination communities in each state are outlined. These community coalitions are working to reduce hospital readmissions; address community health needs; improve care transitions; and facilitate communication among various health care settings.

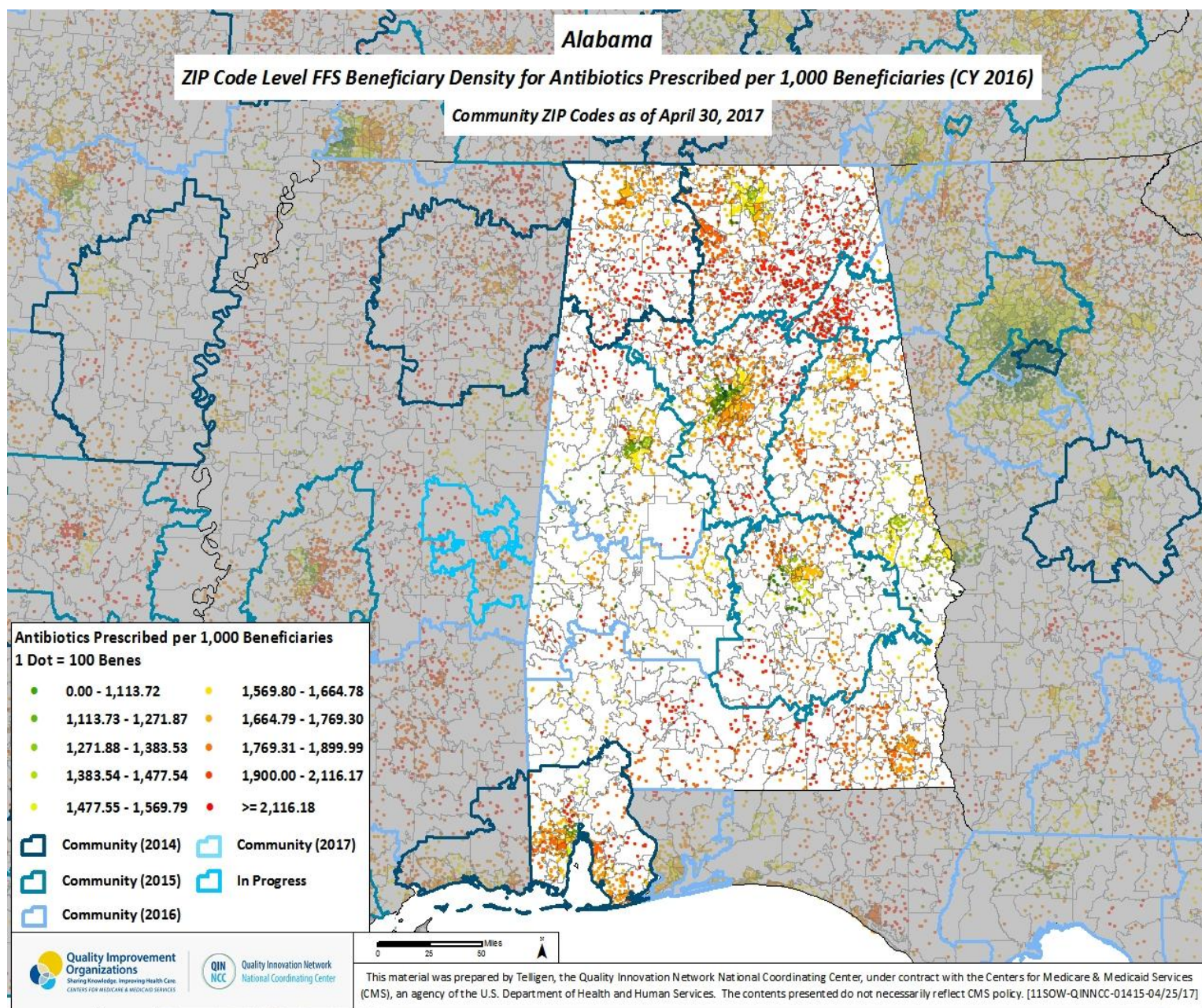


The map on this page zooms in on the state of Alabama, showing how antibiotic prescribing in our region compares to the national rates. The distribution of the dots illustrates the concentration of Medicare beneficiaries (i.e. density). The colors for the dots on this map are based on the stratifications used in the national map. When compared to the national rates of antibiotic prescribing, Alabama has a lot of orange and red dots, indicating that most areas in the state have significantly higher antibiotic prescribing than the rest of the U.S.

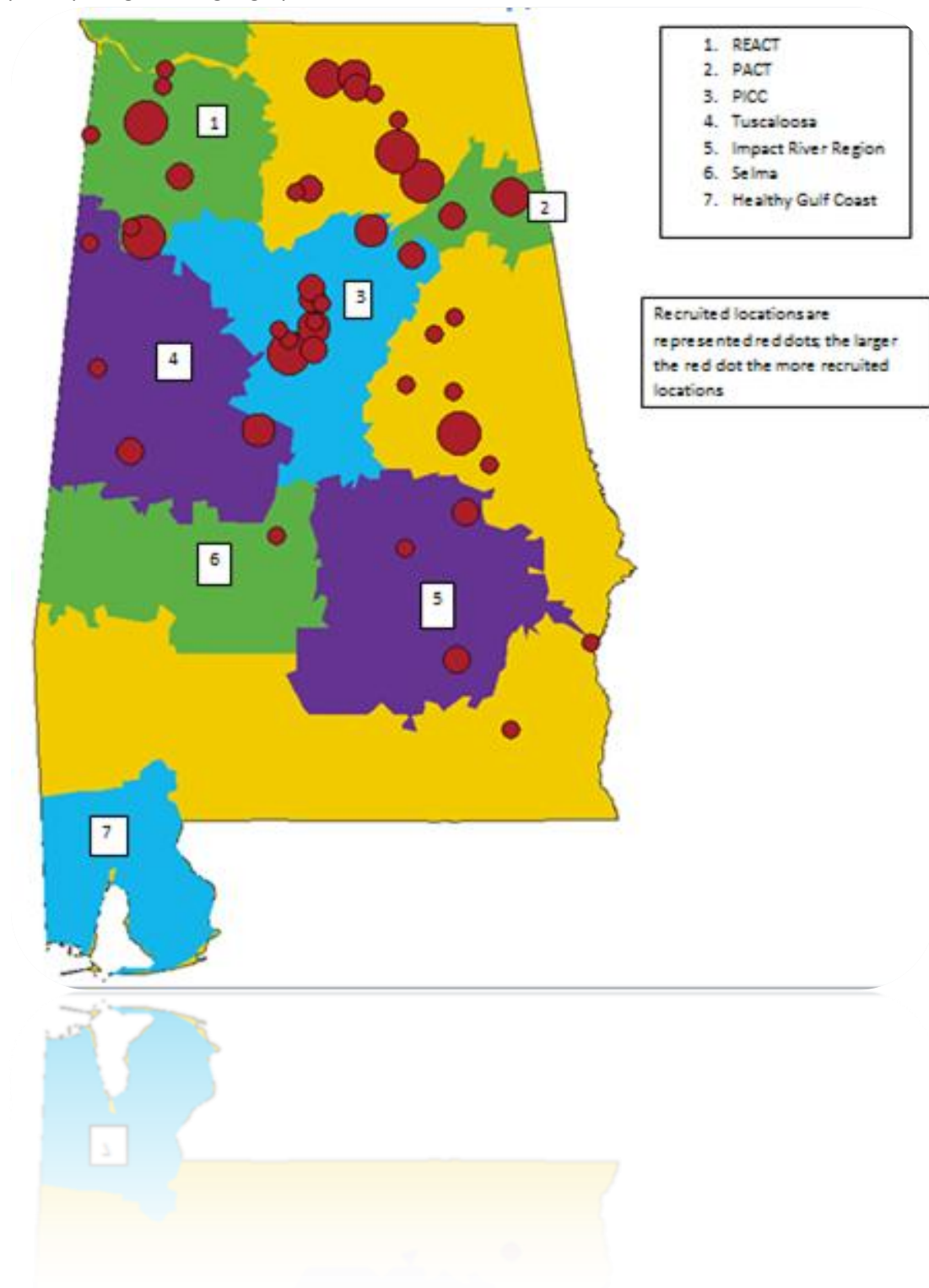
There are 7 care coordination communities in Alabama. These are outlined on the map:



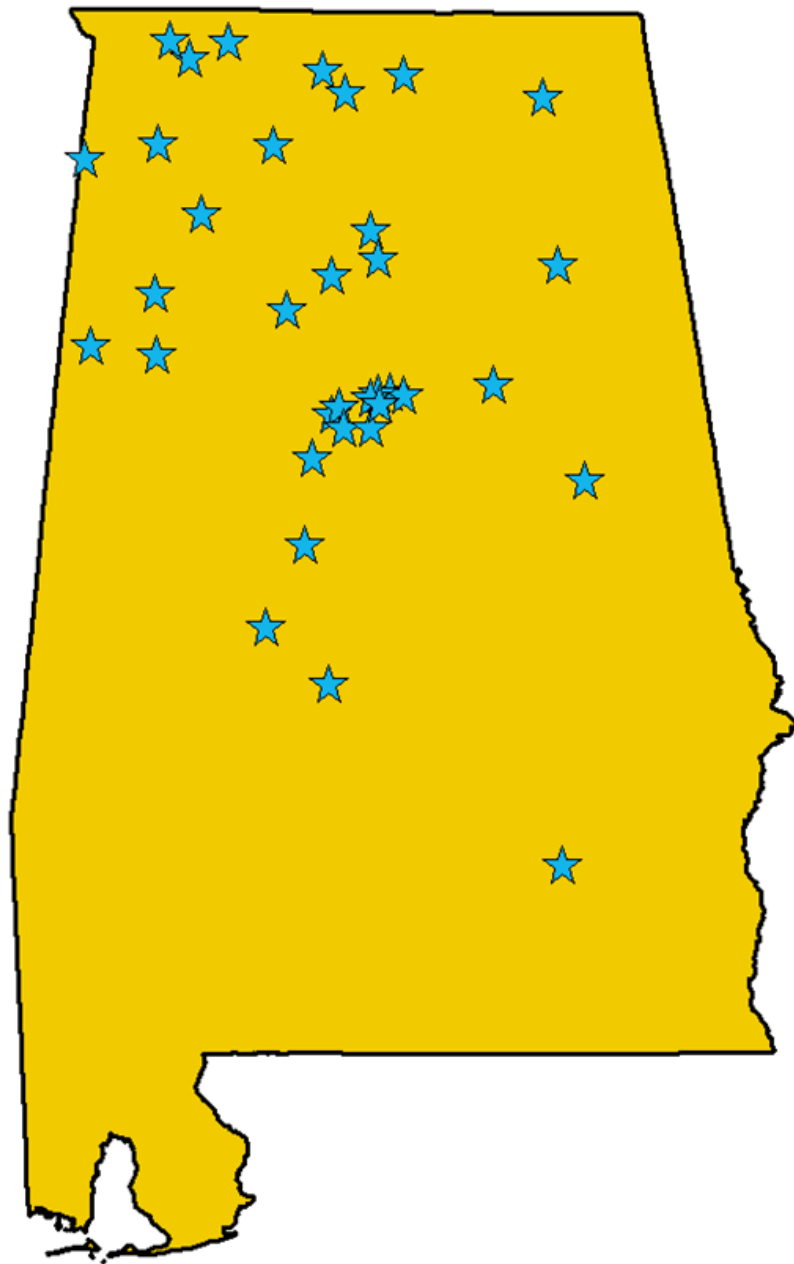
The following map also stratifies antibiotic prescribing rates into 10 levels, but it just looks at rates of antibiotic prescribing in Alabama. The levels were stratified so that 10% of the dots will fall into each level. In the future there may be federal mandates or quality measures linked to antibiotic use. Improvement would be measured as relative improvement from a baseline. Alabama's rates might never get as low as the national average, but providers should focus on improvements that can be made from their current rates of antibiotic prescribing. Consideration also needs to be given for long-term sustainability of interventions. The entire state needs to improve antibiotic use, but this map helps to identify where the greatest improvement is needed.



On this map, the red dots show the general location of outpatient settings participating in the initiative to combat antibiotic-resistant bacteria through antibiotic stewardship. The size of the dot indicates how many settings are participating in that geographic area.



On this map, the red dots show the general location of Nursing Homes that are participating in the NHSN initiative in Alabama.



38 Nursing Homes

Training for Clostridium difficile infection (CDI):

Identification

Treatment

Prevention

CMS is exploring better ways to account for social risk factors and population health variables in their risk adjustments for HAI rates and other value-based purchasing (VBP) measures.

Here's a link to some information about this:

<https://www.ncbi.nlm.nih.gov/books/NBK338757/>



U.S. Antibiotic Awareness

The CDC is rebranding the “Get Smart” campaign. Soon, it will have a new name, new logo, and new website. The CDC said that most of the Get Smart links will continue to work and will automatically forward to the new site.

MARK YOUR CALENDARS!

November 13-19, 2017 is “U.S. Antibiotic Awareness Week.”

Useful links:

🔗 Get Smart: Know When Antibiotics Work

www.cdc.gov/getsmart

🔗 Online Courses in Epidemiology, Infection Control and Antimicrobial Stewardship

<http://www.fellowscourse.shea-online.org/Default.aspx>

